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Patent  
Attorney's Docket No. 031786-046

1645  
EA



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of )  
Stephen M. BOYLE et al. ) Group Art Unit: 1645  
Application No.: 09/692,623 ) Examiner: Jennifer E. Graser  
Filed: October 20, 2000 ) Confirmation No.: 2200  
For: AN OVER-EXPRESSING )  
HOMOLOGOUS ANTIGEN VACCINE )  
AND A METHOD OF MAKING THE )  
SAME )

**AMENDMENT/REPLY TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- [X] A Petition for Extension of Time is also enclosed.
- [ ] A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.
- [X] Also enclosed is an Information Disclosure Statement
- [ ] Small entity status is hereby claimed.
- [ ] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$370.00 (279) [ ] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
- [ ] Applicant(s) previously submitted \_\_\_, on \_\_\_, for which continued examination is requested.
- [ ] Applicant(s) request suspension of action by the Office until at least \_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- [ ] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- [X] No additional claim fee is required.

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[ ] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	7	MINUS 20 =	0	× \$18.00 (103) =	0
Independent Claims	2	MINUS 3 =	0	× \$84.00 (102) =	0
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

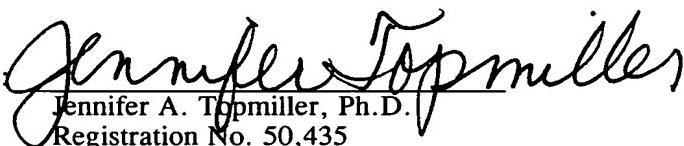
[ ] A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

[ ] Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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By:   
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